

fœtation, but no evidences of a fœtus were discovered in the discharges. The history of the case was most misleading. The patient was very gravely ill with frequently recurring peritonitic attacks for months, but eventually recovered. The abscess discharged both per rectum and per vaginam. The lessons to be derived were, that at times an expectant treatment was most wise, and that fistulæ might possibly do better than Dr Young expected.

*Dr Macdonald*, in replying, said that he hoped Dr Young's foreboding of evil might prove illusory. The patient had had no bad symptom as yet, and had already had ordinary diet for some time. He felt that the very best thanks of the Society were due to the admirable paper which Professor Freund had sent, and for the extremely interesting account he had given of the cases recorded.

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### MEETING III.—JANUARY 9, 1884.

Professor ALEXANDER RUSSELL SIMPSON, *President, in the Chair.*

Dr James Arnott and Dr Thomas Proudfoot were admitted Fellows of the Society.

I. *Dr Barbour* showed PREPARATIONS AND PHOTOGRAPHS OF KYPHOTIC AND KYPHO-SCOLIOTIC PELVES. This series showed that the increase in the conjugate of the brim was a constant factor, and bore a definite relation to the seat of the kyphosis. The contraction in the transverse diameter of the outlet was not always present, and was not related in its development to the situation of the kyphosis. The unilateral contraction in kypho-scoliosis was not always in the same side as the lumbar curve, but on that side on which the greater weight of the trunk fell.

II. *Dr Milne Murray* showed for Dr Haig Brodie of Farnham the HEART OF A CHILD, with perforate septum ventriculorum. The child had been born at the eighth month, and was somewhat feeble, but lived till the fifth day, when it suddenly expired in the nurse's arms, without any struggle.

### III. NOTES ON LABOUR IN CENTRAL AFRICA.

By ROBERT W. FELKIN, F.R.S.E., F.R.G.S., Member of the Anthropological Institute of Great Britain and Ireland ; Corresponding Fellow of the Berlin Anthropological Society, etc.

THE subject which I have been requested to bring before you this evening is one of some novelty, and one which I trust may

prove of interest ; but before entering upon it I wish to make a few remarks to prevent misconception.

The facts which I shall present to you were observed during two journeys I made in Africa. The first journey, in 1878-80, was to Central Africa and back ; the second, in 1880-81, was all round Africa, but in connexion with the latter I have only notes of what I witnessed on the east coast. It is right, also, to remark that I did not go as a fully qualified medical man, having only studied medicine for two years previous to my journeys, nor did I go as a scientific explorer ; therefore there are many points in my notes which would have been more fully observed had I had the requisite training, and many others which, if ample time and opportunity had been at my disposal, would have been better investigated, and doubtless would have made my work of greater scientific value. All I have to offer you is a series of notes jotted down during my travels, amidst many inconveniences, and necessarily curtailed by the speed with which I travelled and the main objects of my journey.

You may be interested to know what led me to take an especial interest in the position which women occupy during labour in the various Central African tribes. One evening, after a long day's march of some 25 miles through swamp and jungle, I was smoking my pipe before a good fire in the near proximity of a native village in the Bari district. My porters all lay around me ; and as they had had an unusually heavy day's tramp, the camp, for an African one, was very quiet. Presently, however, tom-toms were beaten in the village, the sound of which produced not a little commotion. As I lay wondering what was the matter, my dragoman (who, I suspect, had been enjoying a little flirtation in the village) came and asked me if I should like to see a woman cut open. My curiosity was aroused, and I went with him. As we traversed the two or three hundred yards which intervened between us and the centre of the village, he told me that a woman who had been in labour for two (?) days had been given up by the women and turned over to the men ; or, in other words, as the women had failed to deliver her, the men, according to custom, were going to cut the child out. Arriving before the hut, we found it surrounded by a small crowd of men and women, the former vigorously beating tom-toms, the latter uttering loud, piercing cries. A word or two from my guide gained for me an entrance ; and, stooping down, I crawled through a low doorway into the hut, and by the dim light of the fire I saw two women sitting on the floor back to back. Their arms were interlaced (see Fig. 1), and the one facing me, who was evidently the parturient woman, had her legs slightly flexed and drawn up. She exhibited signs of extreme exhaustion, and her tongue protruded from between her gums, for her upper and lower incisors had been removed at puberty, as is the very general custom in Central Africa.



We had evidently arrived only just in time, for in one corner of the hut a grass bed was being prepared by two women, while an elderly man, whose dress proclaimed him to be a magician, was engaged in sharpening an ugly-looking knife. Anxious, if possible, to save the woman's life, I requested permission to examine her. This was strongly objected to on the part of her friends, she herself being too unconscious to have any say in the matter. However, after the promise of some cloth and beads, they permitted me to do as I wanted, and I found a simple case of uterine inertia. After carefully considering the case, I made up my mind that it was possible to deliver the woman; and after many difficulties, which I need not detail, I persuaded the people to allow me to operate, and sent for my forceps. While these were being fetched the people insisted upon the woman being taken out of the hut. A large bonfire was hastily constructed, and a crowd of natives pressed round to see the "white man's medicine." I must confess that I was not a little nervous at having to perform before such an audience; but all went well, and I had the satisfaction of bringing a very fine boy into the world, at which the natives were not a little astonished. Six or seven months afterwards I had the pleasure of seeing the woman and her boy again, both in good health. Noticing the extraordinary position in which I found this woman, I inquired if it were the usual way in which women were delivered in that tribe, and was told that it was, their female friends taking it in turns to assist.

This episode made me curious to find out what various positions were occupied by women when in labour among the different tribes with whom I came in contact; and after this, whenever it was possible, I made inquiries upon the subject, the results of which I will now proceed to lay before you. I may perhaps here mention that usually children are not permitted to be present during labours; but the rules as far as adults are concerned vary very widely in different tribes; in some men and women alike are present, in others men are absolutely excluded. But I think that it is just to the natives to state that, as a rule, they conduct their labours in seclusion. The more naked the tribe, the more decent is the behaviour of the people; and nowhere have I seen greater indecency than in Uganda, where it is death for an adult to be seen naked in the streets, but when in the huts all the members of the harem are perfectly nude, save perhaps a circle of beads round the waist, and where the most disgusting dances and customs obtain. Many a time I have been denied admission during a labour; but I must confess that not unfrequently I have gone by stealth and acted "peeping Tom," but I hope with better motives than his. At other times it was only by presents and my reputation as "hakim" that I overcame the aversion to my presence. I failed completely in all endeavours to see Arab women in labour, but I believe they use the old obstetric chair with a sloping back.

In the Madi district, as soon as a woman thinks that she is near the time of her delivery she abstains from meat, but eats a good deal of vegetable food. She gets a neighbour to help her to clean out her hut, sends her children, should she have any, to a friend, and when labour commences she walks round her hut while her friends place a deep layer of dry sand a short distance from her door. Sometimes two good-sized stakes are driven into the ground about two and a half feet apart, and the sand slopes down to them. The woman sits down on a skin placed upon the sand, places her feet against the stakes, and clasps her legs with her hands, her arms being inside her knees. Her friends take it by turns to support her back (see Fig. 2), and at times aid her by pressing or rubbing her abdomen. Another friend squats down before her to receive the child as soon as born. The sand, of course, moulds itself to the woman's body, and, being well pressed down in front, might almost be said to support the perineum. Sometimes, instead of a woman supporting the back, a firm mound of sand is made to do so (see Fig. 3). This latter custom also obtains in the Kidj country. A fire is kept burning in the hut, and a very thin porridge of millet-seed is given the woman at short intervals. She keeps very quiet, and often never moves from her first position until after the child is born. Her friends keep up a low chant all the time, and do all they can to encourage her. The cord is cut, at about four inches from the child's body, by a stone knife, as a rule, but sometimes it is bitten. Should it bleed, the woman who has charge of it takes the cord in her mouth and squeezes it between her teeth till all hæmorrhage ceases: they never tie the cord.<sup>1</sup> The placenta is buried outside the hut, that of boys on one side, and that of girls on the other.<sup>2</sup> When delivery of the placenta is over, the mother is moved to the side of the fire, where she lies down on a bed of grass covered with skins. The vernix caseosa is removed from the newly-born child by gentle rubbing, and then the child is smeared with oil and wrapped in a soft skin; after which it is shown to the father and friends outside the hut, and in about an hour after birth it is put to the breast. I may perhaps mention here that in nearly all the African tribes that I visited the custom obtains of drawing out the nipples for some days before the expected birth of the first child: that this is needed Fig. 4 will show.<sup>3</sup> In three or four days after delivery the mother goes about her usual occupations. On her first appearance she sits for a whole day in front of her hut, receiving the congratulations of her friends. She is not permitted to eat meat for a week or rather more after her confinement. She suckles her child for two years, and for about six months after its birth has no connexion with her husband.

<sup>1</sup> This applies to all districts alike.    <sup>2</sup> This is the case in Uganda likewise.

<sup>3</sup> This figure is from a photograph taken on the spot by Herr R. Buchta of Munich.



In this part of the country the women sometimes bring forth their children when on the march, and then continue marching; but this is by no means of frequent occurrence, and is guarded against as much as possible. I have known it happen on two or three occasions, but the result in one case was fatal to the mother: violent hæmorrhage occurred after she arrived in camp, and she died very rapidly. As far as I know, labours are by no means so very easy in this part of the world, and are certainly not the painless, pleasurable affairs which some writers would have us believe. When a hard labour occurs and a woman remains a very long time undelivered, the aid of a man is called in. He, however, uses no instruments; and should he fail, which, I was informed, hardly ever happens, mother and child perish, for abdominal section is not in vogue here. I was unable to ascertain what means the man employs to assist delivery.

Figure No. 5 shows how a woman who had remained a long time in labour was assisted by a man at Kerrie, on the White Nile. As will be seen from the picture, two stakes are driven into the ground just *inside* the door of the hut. The woman sits on an inverted bowl placed in the doorway, her feet being firmly placed against the stakes, and holding the side-posts of the door with her hands. A broad fold of bark cloth is placed round her abdomen. A man lies down on the ground at a convenient distance behind her, places his feet so as to fix the bony pelvis, and makes intermittent traction on the cloth. A female friend sits in front of the woman to receive the child; she has been left out in the drawing, and part of the hut wall has been taken away to allow the position of the woman to be better seen. In this district the semi-erect posture is the one usually occupied by parturient women.

Here, too, another custom is prevalent, which is illustrated in Fig. 6. A hole is dug in the ground, in which a fire is lit; on this fire a pot is placed, containing a decoction of herbs: the woman squats over this, and allows the steam to moisten and soften the passages. It is held in great repute for making labours easier.<sup>1</sup>

I may here mention that a like plan, other plants being used, is very generally adopted by Arab women, and natives married to Arabs, before coitus. It is said to contract the parts and cause great desire. Whether the Arab women have learnt this practice from the natives, or *vice versa*, I am unable to state.

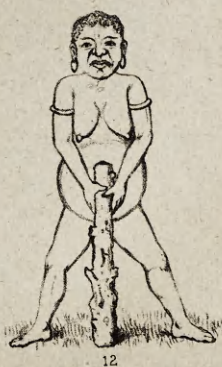
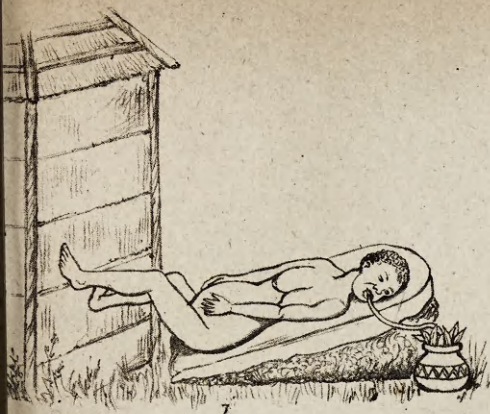
Figure 7 represents the position occupied by the women in the Moru district. As will be noticed, they go in largely for stimulants. A jar of native beer, made of millet-seed, is placed beside them, into which a drinking-tube is inserted, the neck of the jar being filled up with leaves. The woman can thus suck at

<sup>1</sup> I do not know the plants used. I had samples of them as well as others mentioned elsewhere, but they all got lost or spoilt *en route*.



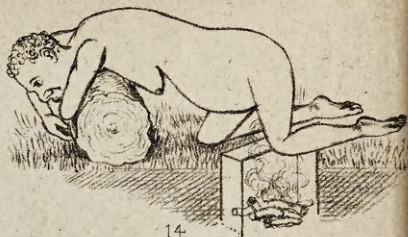








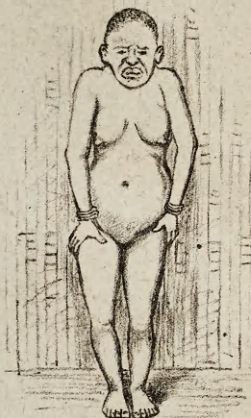
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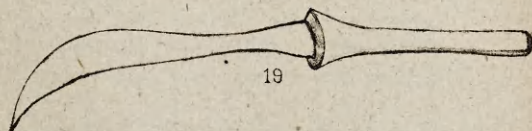
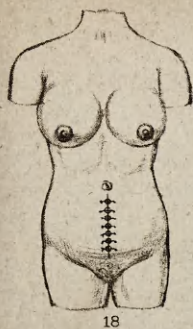


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her ease, and by the time the child is born she is generally in a "happy condition." The bed on which the woman lies is very well constructed of dried grass cut into lengths, and each layer occupies a different direction. At the top a mat is placed, on which the woman reclines, placing her feet against the side of the hut.

In the Bongo district an altogether different custom prevails. A branch of a tree is laid horizontally between two other trees, so that a woman can just grasp it firmly (see Fig. 8). In the intervals between the pains she walks up and down at a slow pace; as soon as a pain comes on, she seizes the branch with her hands, places her feet apart, and then bears down. A friend squats before her to prevent the child falling to the ground. From the way in which the branch is fastened to the trees, it would seem that this arrangement is a pretty permanent one. It is also the custom here for both mother and child to have a bath as soon as delivery is well over. A troop of friends, singing and uttering loud joyful cries, accompany the woman into the water. The placenta is carried by a woman, who dances in front of the party, and it is thrown into the stream as far off as possible.

A somewhat similar custom is in vogue in the Longo tribe, but here a slanting pole is used; one end rests upon the ground, the other against the forked branch of a tree. Figure 9 shows the position of the woman and her attendant, but here the patient does not walk about. Figure 10 is from the same place. In cases of lingering labour or retained placenta they knead the abdomen. During the operation the woman occupies the recumbent position, her friend kneeling beside her. In this part of the country, as also in Unyoro and Uganda, I had great difficulty in seeing the women when in labour; their friends much objected to it, and often presents of cloth would not prevail on them to permit my being present.

In Unyoro most of the women are delivered in a squatting position. Fig. 11 depicts this. A stake is driven firmly into the ground; the woman walks round it in a circle until the commencement of each pain, when she squats down, supporting herself by the stake. Should the placenta not come away readily, they appear to have the invariable practice of pressing or kneading the abdomen with a broad-ended pole. This pole is cut a convenient length, and, placing one end on the ground, the woman presses the other against her abdomen; then, swaying her body gently backwards and forwards, she makes a rhythmical pressure on the fundus uteri. This is represented in Fig. 12.

In many of the Schuli villages they have what one might call an "obstetric chair," which is shown in Fig. 13. A log of wood is placed close to the trunk of a tree: this forms the seat, and a little grass is placed upon it, covered with a skin. Its height is about  $3\frac{1}{2}$  feet from the ground. About 2 feet in front of this log,



and some 2 feet from one another, two stakes are driven into the ground, each stake having a notch about  $1\frac{1}{2}$  feet from the ground. The parturient woman sits upon the log, places her feet in the notches on the stakes, and clasps with her hands the upper part of the wood. After once taking her seat, she rarely leaves it till after the birth of the child.

Figure 14 represents a woman in the same district who had a lingering labour, said to be caused by the rigidity of the external passages. In this case, as in one before mentioned (see Fig. 6), a hole was dug in the ground, a fire lit in it, upon which herbs were thrown, emitting a dense vapour. It will be noticed that in this picture the woman's chest rests on a log of wood. I was told that occasionally women are delivered in this position.

Figure 15 represents a labour scene in the Wakamba district, East Africa, where the women assume a semi-erect posture, being supported by the legs and arms of two assistants. Here and in the Waniki tribe women are at times cupped when in labour. The rough knives used, and cupping-glasses made of cows' horns, are very curious.<sup>1</sup>

Figure 16 shows a common method of delivery on the east coast, as also in Darfour, Central Africa, where the women simply lean against the wall of their huts, generally outside, as the huts are in many cases not high enough for that position to be assumed inside. Where only very low huts are built, a tree is used as a support.

In Uganda the natives possess beds (called kitanda), a rough framework of wood laced with cowhide. The women are, as a rule, delivered on their backs, the foot of the bed being placed near to the wall of the hut, so that the woman can rest her feet against it. So far as I know, Uganda is the only country in Central Africa where abdominal section is practised with the hope of saving both mother and child. The operation is performed by men, and is sometimes successful; at any rate, one case came under my observation in which both survived. The knife used is represented in Fig. 19.<sup>2</sup> It was performed in 1879 at Kahura. The patient was a fine healthy-looking young woman of about twenty years of age. This was her first pregnancy. I was not permitted to examine her, and only entered the hut just as the operation was about to begin. The woman lay upon an inclined bed, the head of which was placed against the side of the hut. She was liberally supplied with banana wine, and was in a state of semi-intoxication. She was perfectly naked. A band of mbugu or bark cloth fastened her thorax to the bed, another band of cloth fastened down her thighs, and a man held her ankles. Another man, standing on her right side, steadied her abdomen

<sup>1</sup> These were produced at the meeting.

<sup>2</sup> The knives, mats, tom-toms, drinking tube, etc., mentioned in various parts of this paper, were all shown at the meeting, but drawings could not be made of so many articles.

(see Fig. 17). The operator stood, as I entered the hut, on her left side, holding his knife aloft with his right hand, and muttering an incantation. This being done, he washed his hands and the patient's abdomen, first with banana wine and then with water. Then, having uttered a shrill cry, which was taken up by a small crowd assembled outside the hut, he proceeded to make a rapid cut in the middle line, commencing a little above the pubes, and ending just below the umbilicus. The whole abdominal wall and part of the uterine wall were severed by this incision, and the liquor amnii escaped; a few bleeding-points in the abdominal wall were touched with a red-hot iron by an assistant. The operator next rapidly finished the incision in the uterine wall; his assistant held the abdominal walls apart with both hands, and as soon as the uterine wall was divided he hooked it up also with two fingers. The child was next rapidly removed, and given to another assistant after the cord had been cut, and then the operator, dropping his knife, seized the contracting uterus with both hands and gave it a squeeze or two. He next put his right hand into the uterine cavity through the incision, and with two or three fingers dilated the cervix uteri from within outwards. He then cleared the uterus of clots and the placenta, which had by this time become detached, removing it through the abdominal wound. His assistant endeavoured, but not very successfully, to prevent the escape of the intestines through the wound. The red-hot iron was next used to check some further hæmorrhage from the abdominal wound, but I noticed that it was very sparingly applied. All this time the chief "surgeon" was keeping up firm pressure on the uterus, which he continued to do till it was firmly contracted. No sutures were put into the uterine wall. The assistant who had held the abdominal walls now slipped his hands to each extremity of the wound, and a porous grass mat was placed over the wound and secured there. The bands which fastened the woman down were cut, and she was gently turned to the edge of the bed, and then over into the arms of assistants, so that the fluid in the abdominal cavity could drain away on to the floor. She was then replaced in her former position, and the mat having been removed, the edges of the wound, *i.e.*, the peritoneum, were brought into close apposition, seven thin iron spikes, well polished, like acupuncture needles, being used for the purpose, and fastened by string made from bark cloth (see Fig. 18). A paste prepared by chewing two different roots and spitting the pulp into a bowl was then thickly plastered over the wound, a banana leaf warmed over the fire being placed on the top of that, and, finally, a firm bandage of mbugu cloth completed the operation.

Until the pins were placed in position the patient had uttered no cry, and an hour after the operation she appeared to be quite comfortable. Her temperature, as far as I know, never rose above



99°·6 F., except on the second night after the operation, when it was 101° F., her pulse being 108.<sup>1</sup>

The child was placed to the breast two hours after the operation, but for ten days the woman had a very scanty supply of milk, and the child was mostly suckled by a friend. The wound was dressed on the third morning, and one pin was then removed. Three more were removed on the fifth day, and the rest on the sixth. At each dressing fresh pulp was applied, and a little pus which had formed was removed by a sponge formed of pulp. A firm bandage was applied after each dressing. Eleven days after the operation the wound was entirely healed, and the woman seemed quite comfortable. The uterine discharge was healthy. This was all I saw of the case, as I left on the eleventh day. The child had a slight wound on the right shoulder; this was dressed with pulp, and healed in four days.

In the Wanika tribe, on the east coast of Africa, two means of causing the expulsion of a retained placenta are employed. In the first place, the woman is placed on her back, and a stream of water is allowed to fall on her abdomen from a height. If this be not successful, she is placed on her hands and knees (see Fig. 20), a cloth is tied round her abdomen, a stick is put through it and twisted, so as to tighten the band, intermittent pressure only being made.

Figure 21 shows the method employed in Darfour for the same purpose. There, however, the woman lies on the ground, and a band is placed across the abdomen; a woman stands on each side, holding an end of the cloth in her hands, and pressing down the bandage with one foot.

In the Nyam-Nyam tribe (cannibals) the women are delivered, if possible, near running water. The parturient woman, accompanied by her friends, goes to a secluded spot near a stream. She sits on a log of wood, her friends meanwhile beating tom-toms or blowing horns. As soon as the child is born the cord is bitten, and the child is taken and washed in the stream. After delivery of the placenta the woman also has a bath. Fig. 22 shows a group I came upon one day when out in search of a dinner.

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*Professor Simpson*, in the name of the Society, thanked Mr Felkin for his paper, which he said would form one of the most important contributions to the Transactions which had been made for a long time. The paper contained many points of great interest, and would enrich the literature of the subject, which had been laboriously studied by such men as Ploss, Engelmann, and others. Observations such as those just described would have been of the very highest value to these writers. It was very interesting

<sup>1</sup> The temperature of Europeans in Africa is about 1° higher than in Europe, but the temperature of natives is less than that of Europeans. I made many observations to prove this. See *Uganda and the Egyptian Soudan*, vol. ii. page 340, for a table of 59 temperatures.

to note that many of the customs described were evidently indigenous, while others, such as the employment of fumigations to relax the passages, were probably derived from the Arab physicians, who had given elaborate instructions as to their employment in certain cases, as well as directions for the selection of the special herbs to be used in different circumstances. The application of bandages seemed very sensible, and their use had been recommended from time to time as increasing the energy of and stimulating expulsive efforts. One of the bandages described reminded us of that suggested by Dr Protheroe Smith. Moreover, some of the positions described favoured in a high degree the efficiency of the accessory powers of parturition. The account of the mode of dividing the cord was also very interesting. The accidents and difficulties described as so frequently occurring amongst such primitive peoples proved that labour among the black races was not the safe and easy process it was sometimes supposed to be, and seemed to him to be a further argument for the necessity of skilled assistance being always at hand under all circumstances of labour. He had in his possession a small cupping-horn which had been in use thirty or forty years ago in Shetland, precisely similar to that brought by Mr Felkin from the interior of Africa. The only difference was that the Shetlanders used the horn of a cow or a sheep instead of the horn of a rhinoceros.

*Dr Craig* asked whether Mr Felkin could give any account of the species of the herbs employed in the fumigations.

*Dr Halliday Croom* felt much interested in the successful case of gastrotomy recorded. He would like to know whether the operator dilated the os uteri and compressed the uterus in the abdomen.

*Mr Bonnar* read the following extract from a letter received from Dr Bonnar, who is in practice in South Africa:—"It is very seldom that a white man has an opportunity of being present at a labour case amongst the Kafirs, and I have often wondered how the stages of labour, especially the third, were managed by the native nurses—for they have women set apart for that business. One day I was requested by the magistrate of Umvoti county to go and see a native woman who had been four days in labour. She was a primipara, young, plump, and healthy. Presentation was natural, and expulsive efforts strong, but the head was caught at the outlet, and I had to deliver by short forceps. I waited to see how the rest of the affair was to be managed. In a few minutes the patient was caught by the nurse by the armpits and wheeled into the centre of the hut, and made to sit half upright, with her legs apart and stretched out before her, her back being propped up by leaning against the centre-pole of the hut. The nurse then placed herself behind her, doubled up her fists, and, encircling the patient with her arms, she dug her clenched fists with all her might deep into the patient's hypogastrium, then, with all her weight, slowly and regularly made her fists swoop down to



the symphysis pubis, and on the third repetition of the process the placenta came forth. No hæmorrhage, and no further trouble taken. The woman was about next day."

*Dr Arnott* had seen the dances referred to at Zulla, in Abyssinia, and these had always a lascivious or sexual meaning. Syphilis was very prevalent in many Abyssinian districts, and he had seen a native princess carried into camp at Antalo to be treated for this disease. He had heard of young girls with their genitals sewn up, as described by his brother-officer *Dr Blanc*, one of the prisoners, and it was the custom for the husband, on the nuptial night, to cut an opening with a sharp ring provided for the purpose if natural means were insufficient. Many of the Indian customs are quite similar to those described by *Mr Felkin*, and many of them are derived from religious or sanitary laws. Thus a Parsee woman, when menstruating, is only permitted to sit on stone or iron, and never on wood, the last being more difficult to cleanse. When a Parsee woman went into labour, and was attended by the native women, the latter arranged a semicircle of stones fitted together against one side of the room, within which an iron bed was placed for the mother and another for the child, and no one but the midwife was permitted to go inside the semicircle. The patient remained here for forty days, and then had a bath and resumed her ordinary duties. In native practice there was much need for educated midwives. Lately he had read a case in which a magician was called in to attend a woman in a lingering labour, and he commenced by beating her with sticks on the abdomen for the purpose of "expelling the devil." This is a common superstition. The natives employ strong stimulating remedies, such as pepper, in the treatment of inertia. These they introduce into the vagina. Similar applications are employed to excite menstruation, and he once found some copper coins in the vagina. Again, the midwives often employ great force, and it is not uncommon for them to pull the body away from the head, leaving the latter in utero, in footling cases. The cupping horn is largely employed in India, and the plantain leaf is a favourite dressing. Curiously, the castor-oil leaf is used in India to stop the secretion of milk, not to promote it. The natives are very much afraid of the influence of the wind on women in labour, and on this account carefully close all the windows and doors of the lying-in room. This may have arisen from the dread of tetanus, which is very common at certain seasons, and which they associate with the wind.

*Dr William Taylor* rose to propose a hearty vote of thanks to *Mr Felkin* for his kindness in bringing this subject before the Society, and for the elaborate and able way in which he had done it. He had listened with great pleasure to *Mr Felkin's* paper. He regarded it as highly instructive, not only on its own merits, but also as having given rise to a valuable discussion. He himself was especially interested in the description of drainage employed in

the Cæsarean operation. He had been much impressed with the care taken to avoid risk from menstruation. He himself believed that he could trace certain cases of puerperal fever to want of proper cleanliness on the part of the nurse, who happened to be menstruating at the time. The laws relating to polygamy were also very remarkable, and not less so the definite way in which they seem to be carried out.

*Mr Felkin*, replying to Dr Craig, said that specimens of all the plants mentioned in his paper as employed in the medical practice of the various tribes had been collected, but that, unfortunately, they had been accidentally damaged to such an extent as to render them useless for examination and classification. In reply to Dr Croom, he stated that the operator had first dilated the os from within the uterus, then removed the clots and placenta. He then compressed the uterus in the abdomen until it had firmly contracted, and had emptied the abdomen of what fluid had escaped by turning the patient into a semi-prone position on the edge of the couch. In conclusion, he thanked the Society for the way in which they had received his paper.

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#### MEETING IV.—FEBRUARY 13, 1884.

Dr J. CONNEL, *President, in the Chair.*

### I. UTERINE DISPLACEMENTS, AND THEIR TREATMENT BY MEANS OF MEDICATED TAMPONS.

By ROBERT BELL, M.D., Physician to the Glasgow Institution for Diseases of Women.

ALTHOUGH versions and flexions of the womb may in a few exceptional cases exist without producing very urgent symptoms, and though these displacements do not endanger life, they as a rule cause so much discomfort and give rise to such a variety of reflex symptoms and painful sequelæ that we cannot but look upon them, in consequence of their frequent occurrence, as one of the most prolific factors in the production of intense suffering in women. If, therefore, any mode of treatment has been found of service in reducing, in however small a degree, the train of painful concomitants of these affections, it is a duty one owes to his fellows to make his results known, and endeavour to obtain an independent trial of his method by unbiassed observers. This, then, must be my apology for occupying your valuable time this evening.

When, however, I speak of the treatment of these displacements by means of medicated tampons, it is not to be sup-